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CONFIRMATION NO. 6676

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/074,532 | <b>FILING OR 371(c)<br/>DATE</b><br>02/11/2002<br><b>RULE</b> | <b>CLASS</b><br>604 | <b>GROUP ART UNIT</b><br>3763 | <b>ATTORNEY<br/>DOCKET NO.</b><br>DI-5774 |
|------------------------------------|---|---------------------|-------------------------------|---|

## APPLICANTS

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\* CONTINUING DATA \*\*\*\*\*

\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/08/2002

|   |                           |                        |                       |                            |
|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>IL | SHEETS<br>DRAWING<br>3 | TOTAL<br>CLAIMS<br>30 | INDEPENDENT<br>CLAIMS<br>4 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                        |                       |                            |
| Verified and Acknowledged   | Examiner's Signature      | Initials               |                       |                            |

## ADDRESS

29200

## TITLE

Dialysis connector and cap having an integral disinfectant

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|--|---|--|
| <b>FILING FEE<br/>RECEIVED</b><br>1734 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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